

<i>SERFF Tracking Number:</i>	<i>ZURC-126241846</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	<i>43053</i>
<i>Company Tracking Number:</i>	<i>CW AH 28738</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident Policy - Other Eligible Groups Amendatory Endorsements</i>		
<i>Project Name/Number:</i>	<i>CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738</i>		

## Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Group Accident Policy - Other SERFF Tr Num: ZURC-126241846 State: ArkansasLH

Eligible Groups Amendatory Endorsements

TOI: H02G Group Health - Accident Only

SERFF Status: Closed

State Tr Num: 43053

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: CW AH 28738

State Status: Approved-Closed

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Rosalind Minor

Author: Diane Zaborowski

Disposition Date: 07/29/2009

Date Submitted: 07/24/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements

Status of Filing in Domicile: Pending

Project Number: CW AH 28738

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Blanket, Discretionary, Trust, Other

Filing Status Changed: 07/29/2009

Explanation for Other Group Market Type: credit unions, vendors, schools, religious, charitable, recreation, civic organizations, sports teams, auxiliary police, fire or emergency medical service

Deemer Date:

State Status Changed: 07/29/2009

Filing Description:

Corresponding Filing Tracking Number:

<i>SERFF Tracking Number:</i>	<i>ZURC-126241846</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	<i>43053</i>
<i>Company Tracking Number:</i>	<i>CW AH 28738</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident Policy - Other Eligible Groups Amendatory Endorsements</i>		
<i>Project Name/Number:</i>	<i>CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738</i>		

The purpose of this filing is to seek approval of a new optional endorsement for use with our Group Accident Policy.

The Group Accident Policy was placed on file in your state under company filing number CW AH 25595 and department number 33895.

This is a new endorsement, which will be used to market our Group Accident Policy to other eligible groups consisting of two or more individuals. Other eligible groups shall include, but is not limited to: creditors; labor unions or similar employee organizations; trusts; associations; credit unions; vendors; schools; religious, charitable, recreational or civic organizations; sports teams; auxiliary police, fire or emergency medical service; and other discretionary groups as allowed by the State.

This endorsement may be marketed through brokers, consultants, third party administrators and sales employees.

## Company and Contact

### Filing Contact Information

Diane Zaborowski, Product Analyst	diane.zaborowski@zurichna.com
1400 American Lane	(847) 605-6187 [Phone]
Schaumburg, IL 60196	(847) 605-7768[FAX]

### Filing Company Information

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	AR fee - \$20 per endorsement (2 endts)
Per Company:	No

*SERFF Tracking Number:*      *ZURC-126241846*      *State:*      *Arkansas*  
*Filing Company:*      *Zurich American Insurance Company*      *State Tracking Number:*      *43053*  
*Company Tracking Number:*      *CW AH 28738*  
*TOI:*      *H02G Group Health - Accident Only*      *Sub-TOI:*      *H02G.000 Health - Accident Only*  
*Product Name:*      *Group Accident Policy - Other Eligible Groups Amendatory Endorsements*  
*Project Name/Number:*      *CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$40.00	07/24/2009	29428682

SERFF Tracking Number:	ZURC-126241846	State:	Arkansas
Filing Company:	Zurich American Insurance Company	State Tracking Number:	43053
Company Tracking Number:	CW AH 28738		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group Accident Policy - Other Eligible Groups Amendatory Endorsements		
Project Name/Number:	CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2009	07/29/2009

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Amendatory Form Endorsement Other Eligible Groups		Diane Zaborowski	07/27/2009	07/27/2009
Amendatory Form Endorsement Other Eligible Groups		Diane Zaborowski	07/27/2009	07/27/2009

<i>SERFF Tracking Number:</i>	<i>ZURC-126241846</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	<i>43053</i>
<i>Company Tracking Number:</i>	<i>CW AH 28738</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident Policy - Other Eligible Groups Amendatory Endorsements</i>		
<i>Project Name/Number:</i>	<i>CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738</i>		

## **Disposition**

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

This submission is approved with the understanding that we do give blanket approval to issue the policy to association/discretionary groups. Those groups must have our prior approval.

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-126241846 State: Arkansas

Filing Company: Zurich American Insurance Company State Tracking Number: 43053

Company Tracking Number: CW AH 28738

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accident Policy - Other Eligible Groups Amendatory Endorsements

Project Name/Number: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanatory Memorandum	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Form (revised)	Amendatory Endorsement Other Eligible Groups	Approved-Closed	Yes
Form	U-VA-116-A CW (05/09)	Replaced	Yes
Form (revised)	Amendatory Endorsement Other Eligible Groups	Approved-Closed	Yes
Form	U-VA-117-A CW (05/09)	Replaced	Yes

SERFF Tracking Number: ZURC-126241846 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number: 43053  
 Company Tracking Number: CW AH 28738  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Group Accident Policy - Other Eligible Groups Amendatory Endorsements  
 Project Name/Number: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738

## Amendment Letter

Amendment Date:

Submitted Date: 07/27/2009

### Comments:

I have updated the Form Schedule tab to correct/switch the information in the form number and form name fields. No other changes have been made. I apologize for this error.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
U-VA-116-A CW (05/09)	Policy/Contr act/Fraternal Certificate: t Amendment, Eligible Insert Groups Page, Endorsemen t or Rider	Amendatory Initial					46	U-VA-116-A CW - ZAIC Policy Amendatory Endorsement for Other Eligible Groups.pdf

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
U-VA-117-A CW (05/09)	Certificate Amendment, Endorsemen Insert Page, t Endorsemen Eligible t or Rider	Amendatory Initial					46	U-VA-117-A CW - ZAIC Certificate Amendatory Endorsement for Other Eligible Groups.pdf

SERFF Tracking Number: ZURC-126241846 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number: 43053  
 Company Tracking Number: CW AH 28738  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Group Accident Policy - Other Eligible Groups Amendatory Endorsements  
 Project Name/Number: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738

## Form Schedule

**Lead Form Number:** U-VA-116-A CW (05/09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	U-VA-116-A CW (05/09)	Policy/Cont ract/Fratern al	Amendatory Endorsement Other Eligible Groups Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46	U-VA-116-A CW - ZAIC Policy Amendatory Endorsement for Other Eligible Groups.pdf
Approved-Closed	U-VA-117-A CW (05/09)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement Other Eligible Groups	Initial		46	U-VA-117-A CW - ZAIC Certificate Amendatory Endorsement for Other Eligible Groups.pdf



This endorsement, effective [May 1, 2009], forms a part of **Policy** No. [XXXXXXX-XX], issued to [\_\_\_\_].

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE** is hereby deleted in its entirety and replaced with the following:

**ELIGIBILITY AND CLASSIFICATION OF INSURED(S):**

The following individuals are eligible to become **Insureds** upon [completion of the **Waiting Period** and] the submission of completed enrollment material, if required:

- Class I:** [All [members] of the **Policyholder**]  
[[**Class II:** [All former [members] **Policyholder**]]  
[[**Class III:** [ ]]]

Any reference to "employer" within this **Policy** shall mean the **Policyholder**.

Any reference to "employee(s)" within this **Policy** shall mean [member(s)].

[[If [a **Covered Person**] [an **Insured**] suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.]]

**[[ELIGIBILITY OF INSURED'S DEPENDENTS:**

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse**[/**Domestic Partner**] and the **Insured's Dependent Child(ren)**, [and] [his or her legally married **Spouse's Dependent Child(ren)**] [, and his or her **Domestic Partner's Dependent Child(ren)**]. A legally married **Spouse**[/**Domestic Partner**] will not be eligible as a **Dependent** if he or she is also an **Insured** under this **Policy**. If the **Insured** and his or her legally married **Spouse**[/**Domestic Partner**], legally separated **Spouse**[/**Domestic Partner**], former **Spouse**[/**Domestic Partner**] are both **Insured's** under this **Policy**, only one may select a **Plan** covering their mutual **Dependents**.]]

**[WAITING PERIOD:**

[[30 days] of [ ]]]

**[EFFECTIVE DATE OF INSURANCE:**

- [A. For individuals [and their eligible **Dependent(s)**] who were in an eligible class prior to [May 1, 2009]:  
[May 1, 2009], provided the completed enrollment material is received by the **Policyholder** on or prior thereto.]  
[B. For individuals [and their eligible **Dependent(s)**] who become part of an eligible class on or after [May 1, 2009]:

[on the first day of the month following the date the completed enrollment material is received by the **Policyholder**] [upon] [on the first day of the month following] completion of the required **Waiting Period** indicated above, if any, provided the completed enrollment material is received by the **Policyholder** prior thereto].]

- [A. For individuals [ ]:  
[ .]  
[B. For individuals [ ]:  
[ .]]

**SECTION III – DEFINITIONS** is amended to delete the following:

**Active** and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

[**Service Waiting Period** means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under this **Policy**.]

**SECTION III – DEFINITIONS** is amended to include the following:

**Waiting Period** means the continuous length of time an individual is required to [ ] prior to being covered under this **Policy**. The **Waiting Period**, if any, is set forth in Section I Eligibility and Effective Dates of Insurance.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. [ ]

Signed for by Zurich American Insurance Company \_\_\_\_\_ Date: \_\_\_\_\_

This endorsement, effective [May 1, 2009], forms a part of **Policy** No. [XXXXXXX-XX], issued to [\_\_\_\_].

**THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Certificate**:

**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE** is hereby deleted in its entirety and replaced with the following:

**ELIGIBILITY AND CLASSIFICATION OF INSURED(S):**

The following individuals are eligible to become **Insureds** upon [completion of the **Waiting Period** and] the submission of completed enrollment material, if required:

- Class I:** [All [members] of the **Policyholder**]
- [[Class II:** [All former [members] **Policyholder**]
- [[Class III:** [ ]]

Any reference to "employer" within this **Certificate** shall mean the **Policyholder**.

Any reference to "employee(s)" within this **Certificate** shall mean [member(s)].

[[If [a **Covered Person**] [an **Insured**] suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.]]

**[[ELIGIBILITY OF INSURED'S DEPENDENTS:**

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse**[/**Domestic Partner**] and the **Insured's Dependent Child(ren)**, [and] [his or her legally married **Spouse's Dependent Child(ren)**] [, and his or her **Domestic Partner's Dependent Child(ren)**]. A legally married **Spouse**[/**Domestic Partner**] will not be eligible as a **Dependent** if he or she is also an **Insured** under the **Policy**. If the **Insured** and his or her legally married **Spouse**[/**Domestic Partner**], legally separated **Spouse**[/**Domestic Partner**], former **Spouse**[/**Domestic Partner**] are both **Insured's** under the **Policy**, only one may select a **Plan** covering their mutual **Dependents**.]]

**[WAITING PERIOD:**

[[30 days] of [ ]]

**[EFFECTIVE DATE OF INSURANCE:**

- [A. For individuals [and their eligible **Dependent(s)**] who were in an eligible class prior to [May 1, 2009]:  
[May 1, 2009], provided the completed enrollment material is received by the **Policyholder** on or prior thereto.]
- [B. For individuals [and their eligible **Dependent(s)**] who become part of an eligible class on or after [May 1, 2009]:

[on the first day of the month following the date the completed enrollment material is received by the **Policyholder**] [upon] [on the first day of the month following] completion of the required **Waiting Period** indicated above, if any, provided the completed enrollment material is received by the **Policyholder** prior thereto].]

- [A. For individuals [ ]:  
[ .]  
[B. For individuals [ ]:  
[ .]]

**SECTION III – DEFINITIONS** is amended to delete the following:

**Active** and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

[**Service Waiting Period** means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under the **Policy**.]

**SECTION III – DEFINITIONS** is amended to include the following:

**Waiting Period** means the continuous length of time an individual is required to [ ] prior to being covered under this **Policy**. The **Waiting Period**, if any, is set forth in Section I Eligibility and Effective Dates of Insurance.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Certificate** to which it is attached.

Endorsement No. [ ]

Signed for by Zurich American Insurance Company \_\_\_\_\_ Date: \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>ZURC-126241846</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	<i>43053</i>
<i>Company Tracking Number:</i>	<i>CW AH 28738</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident Policy - Other Eligible Groups Amendatory Endorsements</i>		
<i>Project Name/Number:</i>	<i>CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-126241846 State: Arkansas  
Filing Company: Zurich American Insurance Company State Tracking Number: 43053  
Company Tracking Number: CW AH 28738  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Group Accident Policy - Other Eligible Groups Amendatory Endorsements  
Project Name/Number: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Flesch Certification Approved-Closed 07/29/2009  
**Comments:**  
**Attachment:**  
ZAIC - UVA Other Eligible Groups Certificate of Readability.pdf

**Review Status:**  
**Satisfied -Name:** Application Approved-Closed 07/29/2009  
**Comments:**  
The form number for the approved application is U-VA-105-A AR, date of approval is 10-20-2006.

**Review Status:**  
**Satisfied -Name:** Explanatory Memorandum Approved-Closed 07/29/2009  
**Comments:**  
**Attachment:**  
UVA Other Eligible GroupsExplanatory Memorandum - F only.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variables Approved-Closed 07/29/2009  
**Comments:**  
**Attachment:**  
ZAIC UVA Statement of Variables for Other Eligible Groups.pdf

# Certificate of Readability




**Zurich American Insurance Company**

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-VA-116-A CW (05/09)	ZAIC Policy Amendatory Endorsement for Other Eligible Groups	46
U-VA-117-A CW (05/09)	ZAIC Certificate Amendatory Endorsement for Other Eligible Groups	46

Signature: 

Officer: Lisa Plante

Title: Vice President

Date: May 1, 2009



**Zurich American Insurance Company**

**EXPLANATORY MEMORANDUM  
OTHER ELIGIBLE GROUPS – AMENDATORY ENDORSEMENT  
COMPANY FILING NUMBER – CW AH 28738  
U-VA-116-A CW (05/09)  
U-VA-117-A CW (05/09)**

This is a new endorsement, which will be used to market our Group Accident Policy to other eligible groups consisting of two or more individuals. Other eligible groups shall include, but is not limited to: creditors; labor unions or similar employee organizations; trusts; associations; credit unions; vendors; schools; religious, charitable, recreational or civic organizations; sports teams; auxiliary police, fire or emergency medical service; and other discretionary groups as allowed by the State.

This endorsement may be marketed through brokers, consultants, third party administrators and sales employees.

This filing includes a certification of readability and statement of variables.

This endorsement will be used with our Group Accident Policy, U-VA-100 et al.



# Statement of Variables



**Zurich American Insurance Company**  
Schaumburg, Illinois

## **POLICY AMENDATORY ENDORSEMENT OTHER ELIGIBLE GROUPS**

### **Page 1**

This endorsement, effective [May 1, 2009],  
forms a part of **Policy** No. [XXXXXXXX-XX],

issued to [\_\_\_\_\_].

Effective date of the Endorsement

Policy Number of Policy to which this Endorsement is  
attached.

Name of Policyholder

### **SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE ELIGIBILITY AND CLASSIFICATION OF INSURED:**

The following individuals are eligible to become **Insureds**  
upon  
[completion of the **Waiting Period** and]  
the submission of completed enrollment material, if  
required:

This will be in or out.

**Class I:** [All [members] of the **Policyholder**]  
[[**Class II:** [All former [members] **Policyholder**]]  
[[**Class III:** [ \_\_\_\_\_ ]]

Class definitions are variable and defined by the  
Policyholder based on elements relating to the relationship  
between the organization and its members, the school and  
its students, the creditor and its debtors, or the vendor and  
its vendees, etc.

The term "members" is variable and defined by the  
Policyholder based on elements relating to the relationship  
between the organization and eligible individuals. Other  
terms, besides "member", may include but is not limited to  
students, debtors, vendees, etc.

Any reference to "employee(s)" within this **Policy** shall  
mean [member(s)].

The term "member(s)" is variable and defined by the  
Policyholder based on elements relating to the relationship  
between the organization and eligible individuals. Other  
terms, besides "member(s)", may include but is not limited  
to student(s), debtor(s), vendee(s), etc.

If there is more than one Class eligible under the Policy a  
Schedule of Benefits may be presented for each Class if  
benefit applicability, amounts and duration differ by class or  
it may be presented in the aggregate.

[[If  
[a **Covered Person**  
[an **Insured**] suffers an **Injury** resulting in a **Covered Loss**,  
and he or she is covered under more than one class, **We**  
will pay only one benefit, the largest benefit.]]

This provision will be in or out. If in:

This will be in or out;

This will be in or out.

### **[[ELIGIBILITY OF INSURED'S DEPENDENTS:**

This section will be in or out. If in:

Eligibility of Insured's Dependents is variable and defined  
by the Policyholder based on elements relating to the  
relationship between the organization and its members, the

school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse** **[/Domestic Partner]** and the **Insured's Dependent Child(ren)**,

This will be in or out.

[and]  
[his or her legally married **Spouse's Dependent Child(ren)**

This will be in or out.

This will be in or out.

This will be in or out.

[, and his or her **Domestic Partner's Dependent Child(ren)**].

A legally married **Spouse**

This will be in or out.

**[/Domestic Partner]** will not be eligible as a **Dependent** if he or she is also an **Insured** under this **Policy**. If the

**Insured** and his or her legally married **Spouse**

**[/Domestic Partner]**, legally separated **Spouse**

**[/Domestic Partner]**, former **Spouse**

**[/Domestic Partner]** are both **Insured's** under this **Policy**, only one may select a **Plan** covering their mutual

**Dependents.**]]

This will be in or out.

This will be in or out.

This will be in or out.

#### **[WAITING PERIOD:**

[[30 days] of

[            ]]

This provision will be in or out. If in:

The range will be 0 – 90 days.

The Waiting Period is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

#### **[EFFECTIVE DATE OF INSURANCE:**

This provision will be in or out. If in:

Effective Date of Insurance is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

[A. For individuals

[and their eligible **Dependent(s)**

who were in an eligible class prior to

[May 1, 2009]:

[May 1, 2009], provided the completed enrollment material is received by the **Policyholder** on or prior thereto.]

This will be in or out.

Effective date of the Policy.

Effective date of the Policy.

[B. For individuals

[and their eligible **Dependent(s)**] who become part of an eligible class on or after

[April 1, 2009]:

[on the first day of the month following the date the completed enrollment material is received by the

**Policyholder]**

[upon]

[on the first day of the month following] completion of the required **Waiting Period** indicated above, if any, provided

This will be in or out.

Effective date of the Policy.

This will be in or out.

This will be in or out.

This will be in or out.

the completed enrollment material is received by the **Policyholder** prior thereto].]

- [A. For individuals [ ]:  
[ .]  
[B. For individuals [ ]:  
[ .]]

Effective Date of Insurance is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

### SECTION III – DEFINITIONS

**Waiting Period** means the continuous length of time an individual is required to

[ ]  
prior to being covered under this **Policy**. The Waiting Period, if any, is indicated in Section I – Eligibility and Effective Dates of Insurance.

The definition of Waiting Period is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

## CERTIFICATE AMENDATORY ENDORSEMENT OTHER ELIGIBLE GROUPS

### Page 1

This endorsement, effective [May 1, 2009], forms a part of **Policy** No. [XXXXXXX-XX],

issued to [\_\_\_\_\_].

Effective date of the Endorsement

Policy Number of Policy to which this Endorsement is attached.

Name of Policyholder

### SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

#### ELIGIBILITY AND CLASSIFICATION OF INSURED'S:

The following individuals are eligible to become **Insureds** upon

[completion of the **Waiting Period** and]  
the submission of completed enrollment material, if required:

This will be in or out.

**Class I:** [All [members] of the **Policyholder**]  
[[**Class II:** [All former [members] **Policyholder**]]  
[[**Class III:** [ \_\_\_\_\_ ]]

Class definitions are variable and defined by the **Policyholder** based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

The term "members" is variable and defined by the **Policyholder** based on elements relating to the relationship between the organization and eligible individuals. Other terms, besides "member", may include but is not limited to students, debtors, vendees, etc.

Any reference to "employee(s)" within this **Certificate** shall mean [member(s)].

The term "member(s)" is variable and defined by the **Policyholder** based on elements relating to the relationship between the organization and eligible individuals. Other terms, besides "member(s)", may include but is not limited to student(s), debtor(s), vendee(s), etc.

If there is more than one Class eligible under the Policy a Schedule of Benefits may be presented for each Class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate.

[[If  
[a **Covered Person**  
[an **Insured**] suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.]]

This provision will be in or out. If in:

This will be in or out;

This will be in or out.

#### [[ELIGIBILITY OF INSURED'S DEPENDENTS:

This section will be in or out. If in:

Eligibility of Insured's Dependents is variable and defined by the **Policyholder** based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse** [/**Domestic Partner**] and the **Insured's Dependent Child(ren)**,

This will be in or out.

This will be in or out.  
This will be in or out.  
This will be in or out.

This will be in or out.

This will be in or out.  
This will be in or out.  
This will be in or out.

This provision will be in or out. If in:

The range will be 0 – 90 days.  
The Waiting Period is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

This provision will be in or out. If in:

Effective Date of Insurance is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

This will be in or out.

Effective date of the Policy.  
Effective date of the Policy.

This will be in or out.

Effective date of the Policy.  
This will be in or out.

This will be in or out.  
This will be in or out.

Effective Date of Insurance is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

### SECTION III – DEFINITIONS

**Waiting Period** means the continuous length of time an individual is required to

[            ]

prior to being covered under this **Policy**. The Waiting Period, if any, is indicated in Section I – Eligibility and Effective Dates of Insurance.

The definition of Waiting Period is variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the school and its students, the creditor and its debtors, or the vendor and its vendees, etc.

SERFF Tracking Number: ZURC-126241846 State: Arkansas  
 Filing Company: Zurich American Insurance Company State Tracking Number: 43053  
 Company Tracking Number: CW AH 28738  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Group Accident Policy - Other Eligible Groups Amendatory Endorsements  
 Project Name/Number: CW AH 28738 / Group Accident Policy - Other Eligible Groups Amendatory Endorsements/CW AH 28738

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	U-VA-116-A CW (05/09)	07/24/2009	U-VA-116-A CW - ZAIC Policy Amendatory Endorsement for Other Eligible Groups.pdf
No original date	Form	U-VA-117-A CW (05/09)	07/24/2009	U-VA-117-A CW - ZAIC Certificate Amendatory Endorsement for Other Eligible Groups.pdf

This endorsement, effective [May 1, 2009], forms a part of **Policy** No. [XXXXXXX-XX], issued to [\_\_\_\_].

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE** is hereby deleted in its entirety and replaced with the following:

**ELIGIBILITY AND CLASSIFICATION OF INSURED(S):**

The following individuals are eligible to become **Insureds** upon [completion of the **Waiting Period** and] the submission of completed enrollment material, if required:

- Class I:** [All [members] of the **Policyholder**]  
**[[Class II:** [All former [members] **Policyholder**]]  
**[[Class III:** [ ]]

Any reference to "employer" within this **Policy** shall mean the **Policyholder**.

Any reference to "employee(s)" within this **Policy** shall mean [member(s)].

[[If [a **Covered Person**] [an **Insured**] suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.]]

**[[ELIGIBILITY OF INSURED'S DEPENDENTS:**

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse**[/**Domestic Partner**] and the **Insured's Dependent Child(ren)**, [and] [his or her legally married **Spouse's Dependent Child(ren)**] [, and his or her **Domestic Partner's Dependent Child(ren)**]. A legally married **Spouse**[/**Domestic Partner**] will not be eligible as a **Dependent** if he or she is also an **Insured** under this **Policy**. If the **Insured** and his or her legally married **Spouse**[/**Domestic Partner**], legally separated **Spouse**[/**Domestic Partner**], former **Spouse**[/**Domestic Partner**] are both **Insured's** under this **Policy**, only one may select a **Plan** covering their mutual **Dependents**.]]

**[WAITING PERIOD:**

[[30 days] of [ ]]

**[EFFECTIVE DATE OF INSURANCE:**

- [A. For individuals [and their eligible **Dependent(s)**] who were in an eligible class prior to [May 1, 2009]:  
[May 1, 2009], provided the completed enrollment material is received by the **Policyholder** on or prior thereto.]  
[B. For individuals [and their eligible **Dependent(s)**] who become part of an eligible class on or after [May 1, 2009]:



[on the first day of the month following the date the completed enrollment material is received by the **Policyholder**] [upon] [on the first day of the month following] completion of the required **Waiting Period** indicated above, if any, provided the completed enrollment material is received by the **Policyholder** prior thereto].]

- [A. For individuals [ ]:  
[ .]  
[B. For individuals [ ]:  
[ .]]

**SECTION III – DEFINITIONS** is amended to delete the following:

**Active** and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

[**Service Waiting Period** means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under this **Policy**.]

**SECTION III – DEFINITIONS** is amended to include the following:

**Waiting Period** means the continuous length of time an individual is required to [ ] prior to being covered under this **Policy**. The **Waiting Period**, if any, is set forth in Section I Eligibility and Effective Dates of Insurance.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. [ ]

Signed for by Zurich American Insurance Company \_\_\_\_\_ Date: \_\_\_\_\_

This endorsement, effective [May 1, 2009], forms a part of **Policy** No. [XXXXXXX-XX], issued to [\_\_\_\_\_].

**THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Certificate**:

**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE** is hereby deleted in its entirety and replaced with the following:

**ELIGIBILITY AND CLASSIFICATION OF INSURED'S:**

The following individuals are eligible to become **Insured's** upon [completion of the **Waiting Period** and] the submission of completed enrollment material, if required:

- Class I:** [All [members] of the **Policyholder**]  
[[**Class II:** [All former [members] **Policyholder**]]  
[[**Class III:** [ ]]]

Any reference to "employer" within this **Certificate** shall mean the **Policyholder**.

Any reference to "employee(s)" within this **Certificate** shall mean [member(s)].

[[If [a **Covered Person**] [an **Insured**] suffers an **Injury** resulting in a **Covered Loss**, and he or she is covered under more than one class, **We** will pay only one benefit, the largest benefit.]]

**[[ELIGIBILITY OF INSURED'S DEPENDENTS:**

Individuals who enroll may elect to cover their eligible **Dependents**. An eligible **Dependent** includes the **Insured's** legally married **Spouse**[/**Domestic Partner**] and the **Insured's Dependent Child(ren)**, [and] [his or her legally married **Spouse's Dependent Child(ren)**] [, and his or her **Domestic Partner's Dependent Child(ren)**]. A legally married **Spouse**[/**Domestic Partner**] will not be eligible as a **Dependent** if he or she is also an **Insured** under the **Policy**. If the **Insured** and his or her legally married **Spouse**[/**Domestic Partner**], legally separated **Spouse**[/**Domestic Partner**], former **Spouse**[/**Domestic Partner**] are both **Insured's** under the **Policy**, only one may select a **Plan** covering their mutual **Dependents**.]]

**[WAITING PERIOD:**

[[30 days] of [ ]]]

**[EFFECTIVE DATE OF INSURANCE:**

- [A. For individuals [and their eligible **Dependent(s)**] who were in an eligible class prior to [May 1, 2009]:  
[May 1, 2009], provided the completed enrollment material is received by the **Policyholder** on or prior thereto.]  
[B. For individuals [and their eligible **Dependent(s)**] who become part of an eligible class on or after [May 1, 2009]:

[on the first day of the month following the date the completed enrollment material is received by the **Policyholder**] [upon] [on the first day of the month following] completion of the required **Waiting Period** indicated above, if any, provided the completed enrollment material is received by the **Policyholder** prior thereto].]

- [A. For individuals [ ]:  
[ .]  
[B. For individuals [ ]:  
[ .]]

**SECTION III – DEFINITIONS** is amended to delete the following:

**Active** and **Actively at Work** describes an employee who is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered **Actively at Work** provided the employee is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

[**Service Waiting Period** means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under the **Policy**.]

**SECTION III – DEFINITIONS** is amended to include the following:

**Waiting Period** means the continuous length of time an individual is required to [ ] prior to being covered under this **Policy**. The **Waiting Period**, if any, is set forth in Section I Eligibility and Effective Dates of Insurance.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Certificate** to which it is attached.

Endorsement No. [ ]

Signed for by Zurich American Insurance Company \_\_\_\_\_ Date: \_\_\_\_\_